

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Indiana Democratic Congressional Victory Committee

ADDRESS (number and street)

One North Capitol Suite 200

☐Check if different
than previously
reported. (ACC)

Indianapolis

IN

46204

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00108613

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2005

through

02

28

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs Linda M Buzinec

Signature of Treasurer

Electronically Filed by Mrs Linda M Buzinec

Date

09

29

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		191846.25
(b) Cash on Hand at Beginning of Reporting Period	168275.38	
(c) Total Receipts (from Line 19)	60368.67	148102.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	228644.05	339948.31
7. Total Disbursements (from Line 31)	104163.32	215467.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	124480.73	124480.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	50.00	192.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	50.00	192.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	50.00	192.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1177.05	17757.36
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	121.89	24406.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	59019.73	105745.81
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	59019.73	105745.81
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60368.67	148102.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1348.94	42356.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	8595.01	14293.53
(ii) Non-Federal Share.....	32333.58	53714.06
(b) Other Federal Operating Expenditures.....	18171.03	53877.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	59099.62	121884.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	639.33
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	36797.38	76225.04
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	8266.32	16718.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	8266.32	16718.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	104163.32	215467.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71829.74	161753.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50.00	192.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50.00	192.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26766.04	68170.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	1177.05	17757.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25588.99	50413.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 1099 N Meridian St

City

Indianapolis

State

IN

Zip Code

46204-1030

FEC ID number of contributing
federal political committee.

C C00306860

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2271.26

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 5

Transaction ID: C82692

Amount of Each Receipt this Period

724.14

B.

Full Name (Last, First, Middle Initial)

PrimePay

Mailing Address 9382 Priority Way West Dr

City

Indianapolis

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.57

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 5

Transaction ID: C17734518

Amount of Each Receipt this Period

452.91

Offset for payroll on Line
29

SUBTOTAL of Receipts This Page (optional)

1177.05

TOTAL This Period (last page this line number only)

1177.05

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP	Transaction ID: D5595 Date of Disbursement																				
Mailing Address PO Box 105113	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	5												
City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period																				
Purpose of Disbursement health insurance Candidate Name	<table border="1"> <tr> <td colspan="10">3232.86</td> </tr> </table>	3232.86																			
3232.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Anthem BCBS IN GROUP	Transaction ID: D237455 Date of Disbursement																				
Mailing Address PO Box 105113	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	5												
City Atlanta State GA Zip Code 30348-5113	Amount of Each Disbursement this Period																				
Purpose of Disbursement health insurance Candidate Name	<table border="1"> <tr> <td colspan="10">599.60</td> </tr> </table>	599.60																			
599.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Anthem Life	Transaction ID: D237454 Date of Disbursement																				
Mailing Address Department L-8111	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	5												
City Columbus State OH Zip Code 43268-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement life insurance Candidate Name	<table border="1"> <tr> <td colspan="10">41.95</td> </tr> </table>	41.95																			
41.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3874.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Anthem Life

Mailing Address Department L-8111

City Columbus State OH Zip Code 43268-0001

Purpose of Disbursement
life insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5587

Date of Disbursement

02 / 04 / 2005

Amount of Each Disbursement this Period

98.20

B.

Full Name (Last, First, Middle Initial)

Anthem Life

Mailing Address Department L-8111

City Columbus State OH Zip Code 43268-0001

Purpose of Disbursement
life insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5596

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

98.20

C.

Full Name (Last, First, Middle Initial)

Anthem Life

Mailing Address Department L-8111

City Columbus State OH Zip Code 43268-0001

Purpose of Disbursement
life insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D237451

Date of Disbursement

02 / 04 / 2005

Amount of Each Disbursement this Period

41.95

SUBTOTAL of Disbursements This Page (optional)

238.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address Cincinnati Commerce Ctr

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5584

Date of Disbursement

02 / 04 / 2005

Amount of Each Disbursement this Period

2266.82

B.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address Cincinnati Commerce Ctr

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5592

Date of Disbursement

02 / 18 / 2005

Amount of Each Disbursement this Period

2245.64

C.

Full Name (Last, First, Middle Initial)

Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5586

Date of Disbursement

02 / 04 / 2005

Amount of Each Disbursement this Period

154.81

SUBTOTAL of Disbursements This Page (optional)

4667.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D242475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

675.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Marriott Hotels	Transaction ID: D237240 Date of Disbursement
Mailing Address 350 W Maryland St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46225-1051	Amount of Each Disbursement this Period
Purpose of Disbursement room rental Candidate Name	<div> <div>1000.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jewett Printing	Transaction ID: D237452 Date of Disbursement
Mailing Address 101 W Ohio St Ste 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46204-4204	Amount of Each Disbursement this Period
Purpose of Disbursement printing Candidate Name	<div> <div>2671.95</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jewett Printing	Transaction ID: D237453 Date of Disbursement
Mailing Address 101 W Ohio St Ste 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 4 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46204-4204	Amount of Each Disbursement this Period
Purpose of Disbursement printing Candidate Name	<div> <div>2580.26</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6252.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) PrimePay	Transaction ID: D5622 Date of Disbursement																				
Mailing Address 9382 Priority Way West Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	5												
City Indianapolis State IN Zip Code 46240	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll service Candidate Name	<table border="1"> <tr> <td colspan="10">409.00</td> </tr> </table>	409.00																			
409.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D5585 Date of Disbursement																				
Mailing Address 100 North Senate Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">304.06</td> </tr> </table>	304.06																			
304.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Indiana Department of Revenue	Transaction ID: D5593 Date of Disbursement																				
Mailing Address 100 North Senate Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	5												
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">304.06</td> </tr> </table>	304.06																			
304.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1017.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D240932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

712.83

B.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
payroll taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D240933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

660.21

SUBTOTAL of Disbursements This Page (optional)

1373.04

TOTAL This Period (last page this line number only)

18098.18

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales Mailing Address 706 Hess Ave	Transaction ID: D5590 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 5</div> </div>
City Evansville State IN Zip Code 47712-5545 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1317.88</div>
B. Full Name (Last, First, Middle Initial) Ms. Carrie L. Bales Mailing Address 706 Hess Ave City Evansville State IN Zip Code 47712-5545 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5676 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div> Amount of Each Disbursement this Period <div>1317.88</div>
C. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris Mailing Address 11129 Peppermill Ln City Fishers State IN Zip Code 46037-9082 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D239645 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div> Amount of Each Disbursement this Period <div>2540.15</div>

SUBTOTAL of Disbursements This Page (optional)

5175.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	Transaction ID: D239646 Date of Disbursement
Mailing Address 11129 Peppermill Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 5</div> </div>
City Fishers State IN Zip Code 46037-9082 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>2540.15</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson	Transaction ID: D239622 Date of Disbursement
Mailing Address 1530 E 81st St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46240-2716 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>2526.03</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Mr. Michael D. Edmondson	Transaction ID: D239623 Date of Disbursement
Mailing Address 1530 E 81st St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46240-2716 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>2558.36</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

7624.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D239470 Date of Disbursement
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement payroll taxes Candidate Name	<div> <div>4862.48</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: D239472 Date of Disbursement
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	Amount of Each Disbursement this Period
Purpose of Disbursement payroll taxes Candidate Name	<div> <div>4568.35</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D240390 Date of Disbursement
Mailing Address 6864 W Philadelphia Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div>
City Mc Cordsville State IN Zip Code 46055-9325	Amount of Each Disbursement this Period
Purpose of Disbursement payroll Candidate Name	<div> <div>1162.42</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

10593.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Kimberly N Bostic	Transaction ID: D240391 Date of Disbursement																				
Mailing Address 6864 W Philadelphia Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	5												
City State Zip Code Mc Cordsville IN 46055-9325	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1162.42</td> </tr> </table>	1162.42																			
1162.42																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks	Transaction ID: D239760 Date of Disbursement																				
Mailing Address 5443 Milroy Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
City State Zip Code Indianapolis IN 46216-2087	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">753.41</td> </tr> </table>	753.41																			
753.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks	Transaction ID: D239761 Date of Disbursement																				
Mailing Address 5443 Milroy Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	5												
City State Zip Code Indianapolis IN 46216-2087	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">753.41</td> </tr> </table>	753.41																			
753.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2669.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D238730 Date of Disbursement
Mailing Address 11342 Fairweather Pl	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>919.42</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Mrs. Michele Miller	Transaction ID: D238731 Date of Disbursement
Mailing Address 11342 Fairweather Pl	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>919.42</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Mr. William G. French, II	Transaction ID: D238934 Date of Disbursement
Mailing Address 217 S Ritter Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46219-7129 Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>1779.68</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

3618.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William G. French, II

Mailing Address 217 S Ritter Ave

City
Indianapolis

State
IN

Zip Code
46219-7129

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D238935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1779.68

B.

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Grawcock

Mailing Address 5954 Dewey Ave

City
Indianapolis

State
IN

Zip Code
46219

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5583

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1301.57

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Grawcock

Mailing Address 5954 Dewey Ave

City
Indianapolis

State
IN

Zip Code
46219

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D5591

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1301.57

SUBTOTAL of Disbursements This Page (optional)

4382.82

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Ms Kristen L Self

Mailing Address 8813 Sunbow Dr

City
Indianapolis

State
IN

Zip Code
46231

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D243035

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1366.55

B.

Full Name (Last, First, Middle Initial)

Ms Kristen L Self

Mailing Address 8813 Sunbow Dr

City
Indianapolis

State
IN

Zip Code
46231

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D243036

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1366.55

SUBTOTAL of Disbursements This Page (optional)

2733.10

TOTAL This Period (last page this line number only)

36797.38

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial) Ms. Molly E. Chavers	Transaction ID: D5629 Date of Disbursement																				
Mailing Address 1487 Sierra Springs Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
City Indianapolis State IN Zip Code 46280	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1635.35</td> </tr> </table>	1635.35																			
1635.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ms. Molly E. Chavers	Transaction ID: D5630 Date of Disbursement																				
Mailing Address 1487 Sierra Springs Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	5												
City Indianapolis State IN Zip Code 46280	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1635.35</td> </tr> </table>	1635.35																			
1635.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mr. Daniel J Parker	Transaction ID: D5631 Date of Disbursement																				
Mailing Address 7458 Rooses Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
City Indianapolis State IN Zip Code 46217-5484	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">2497.81</td> </tr> </table>	2497.81																			
2497.81																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5768.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City
Indianapolis

State
IN

Zip Code
46217-5484

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D5632

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2497.81

SUBTOTAL of Disbursements This Page (optional)

2497.81

TOTAL This Period (last page this line number only)

8266.32

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 23 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

12482.71

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

12482.71

Transaction ID: T1792

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 24 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

256.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

256.00

Transaction ID: T1793

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 25 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

70.58

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

70.58

Transaction ID: T1794

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 26 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

16916.45

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

16916.45

Transaction ID: T1796

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 27 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

9879.67

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

9879.67

Transaction ID: T285

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 28 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

1941.95

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

1941.95

Transaction ID: T286

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 29 / 40
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT
 Indiana Democratic
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

17472.37

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

17472.37

Transaction ID: T287

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

59019.73

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

59019.73

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 30 / 40
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Sandler & Reiff

Mailing Address

50 E St SE Ste 300

City State Zip Code
 Washington DC 20003-2620

Purpose of Disbursement:
 Legal Fees

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 0 5

Transaction ID: D5604

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

84.00

316.00

400.00

B. Full Name (Last, First, Middle Initial)
 Sandler & Reiff

Mailing Address

50 E St SE Ste 300

City State Zip Code
 Washington DC 20003-2620

Purpose of Disbursement:
 fee

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 0 5

Transaction ID: D237232

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

84.00

316.00

400.00

C. Full Name (Last, First, Middle Initial)
 Denison Parking, INC.

Mailing Address

36 S Pennsylvania St Ste 200

City State Zip Code
 Indianapolis IN 46204-3627

Purpose of Disbursement:
 parking

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 5

Transaction ID: D5628

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

207.90

782.10

990.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

375.90

1414.10

1790.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 31 / 40

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Provident Bank

Mailing Address
PO Box 1844

City State Zip Code
Cincinnati OH 45274-0001

Purpose of Disbursement:
travel expenses
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5600

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2693.53

10132.81

12826.34

B. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address
PO Box 790406

City State Zip Code
Saint Louis MO 63179-0406

Purpose of Disbursement:
phones
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5608

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

215.16

809.43

1024.59

C. Full Name (Last, First, Middle Initial)
Skyline Club

Mailing Address
1 American Sq Fl 36

City State Zip Code
Indianapolis IN 46282

Purpose of Disbursement:
dues
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5623

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.30

50.03

63.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2921.99

10992.27

13914.26

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 32 / 40
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
Skyline Club

Mailing Address

1 American Sq Fl 36

City	State	Zip Code
Indianapolis	IN	46282

Purpose of Disbursement:
cateringCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date 02 / 22 / 2005

Transaction ID: D5624

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.99		97.77		123.76

B. Full Name (Last, First, Middle Initial)
Xpedite Systems, Inc.

Mailing Address

135 S La Salle St Dept 1268

City	State	Zip Code
Chicago	IL	60674-1268

Purpose of Disbursement:
computersCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date 02 / 22 / 2005

Transaction ID: D5615

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.29		181.67		229.96

C. Full Name (Last, First, Middle Initial)
Jewett Printing

Mailing Address

101 W Ohio St Ste 2000

City	State	Zip Code
Indianapolis	IN	46204-4204

Purpose of Disbursement:
PrintingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date 02 / 14 / 2005

Transaction ID: D5612

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.77		108.23		137.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
103.05		387.67		490.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 33 / 40
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Time Warner Cable

Mailing Address

PO Box 741855

City	State	Zip Code
Cincinnati	OH	45274-1855

Purpose of Disbursement:
 cable

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5611

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.29

57.51

72.80

B. Full Name (Last, First, Middle Initial)
 Gibson Insurance Agency, Inc.

Mailing Address

PO Box 610

City	State	Zip Code
Plymouth	IN	46563-0610

Purpose of Disbursement:
 liability insurance

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5605

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

23.10

86.90

110.00

C. Full Name (Last, First, Middle Initial)
 Gibson Insurance Agency, Inc.

Mailing Address

PO Box 610

City	State	Zip Code
Plymouth	IN	46563-0610

Purpose of Disbursement:
 liability insurance

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5606

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.47

5.53

7.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

39.86

149.94

189.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 Storage USA

Mailing Address
 501 Fulton St

City	State	Zip Code
Indianapolis	IN	46202-3510

Purpose of Disbursement:
 storage

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5616

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

48.51

182.48

230.99

B. Full Name (Last, First, Middle Initial)
 Duke Realty Corporation

Mailing Address
 75 Remittance Dr Dept 3205

City	State	Zip Code
Chicago	IL	60675-3205

Purpose of Disbursement:
 rent

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5626

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

45.03

169.39

214.42

C. Full Name (Last, First, Middle Initial)
 Duke Realty Corporation

Mailing Address
 75 Remittance Dr Dept 3205

City	State	Zip Code
Chicago	IL	60675-3205

Purpose of Disbursement:
 rent

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5627

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2684.71

10099.64

12784.35

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2778.25

10451.51

13229.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 35 / 40

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)

Dell Account

Mailing Address

PO Box 9020

City

State

Zip Code

Des Moines

IA

50368-9020

Purpose of Disbursement:
computersCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5601

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.76

36.70

46.46

B. Full Name (Last, First, Middle Initial)

LexisNexis

Mailing Address

PO Box 2314

City

State

Zip Code

Carol Stream

IL

60132-0001

Purpose of Disbursement:
legal serviceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5613

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

83.37

313.63

397.00

C. Full Name (Last, First, Middle Initial)

Citi Cards

Mailing Address

PO Box 6000

City

State

Zip Code

The Lakes

NV

89163-0001

Purpose of Disbursement:
travel reimbursementCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5603

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

136.20

512.38

648.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

229.33

862.71

1092.04

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 36 / 40
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
SBC Long Distance

Mailing Address

PO Box 660688

City	State	Zip Code
Dallas	TX	75266-0688

Purpose of Disbursement:
phonesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date 02 / 22 / 2005

Transaction ID: D5618

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.90		37.23		47.13

B. Full Name (Last, First, Middle Initial)
IKON Office Solutions

Mailing Address

PO Box 740541

City	State	Zip Code
Atlanta	GA	30374-0541

Purpose of Disbursement:
office suppliesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date 02 / 14 / 2005

Transaction ID: D5607

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
409.81		1541.65		1951.46

C. Full Name (Last, First, Middle Initial)
SBC Ameritech

Mailing Address

Bill Payment Ctr

City	State	Zip Code
Chicago	IL	60663-0001

Purpose of Disbursement:
phonesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date 02 / 14 / 2005

Transaction ID: D5610

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.60		24.82		31.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
426.31		1603.70		2030.01

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 37 / 40

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 SBC Ameritech

Mailing Address
 Bill Payment Ctr

City State Zip Code
 Chicago IL 60663-0001

Purpose of Disbursement:
 phones

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 0 5

Transaction ID: D5614

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.63

13.67

17.30

B. Full Name (Last, First, Middle Initial)
 SBC Ameritech

Mailing Address
 Bill Payment Ctr

City State Zip Code
 Chicago IL 60663-0001

Purpose of Disbursement:
 phones

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 5

Transaction ID: D5621

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.18

38.31

48.49

C. Full Name (Last, First, Middle Initial)
 SBC Capital Services

Mailing Address
 13160 Collection Center Dr

City State Zip Code
 Chicago IL 60693-0131

Purpose of Disbursement:
 phones

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 5

Transaction ID: D5619

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

113.76

427.95

541.71

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

127.57

479.93

607.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
 PBCC

Mailing Address
 PO Box 856460

City State Zip Code
 Louisville KY 40285-6460

Purpose of Disbursement:
 mail machine

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 0 5

Transaction ID: D5609

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1523.92		5732.84		7256.76

B. Full Name (Last, First, Middle Initial)
 The Conference Group

Mailing Address
 254 Chapman Rd , Topkis Building S

City State Zip Code
 Newark DE 19702

Purpose of Disbursement:
 phones

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 5

Transaction ID: D5620

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.27		106.33		134.60

C. Full Name (Last, First, Middle Initial)
 DHL Express Inc.

Mailing Address
 1200 S Pine Island Rd

City State Zip Code
 Plantation FL 33324

Purpose of Disbursement:
 delivery service

Category/Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 5

Transaction ID: D5598

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.16		87.12		110.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1575.35		5926.29		7501.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 39 / 40

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A. Full Name (Last, First, Middle Initial)
DHL Express Inc.

Mailing Address

1200 S Pine Island Rd

City	State	Zip Code
Plantation	FL	33324

Purpose of Disbursement:
delivery serviceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5602

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

11.73

44.13

55.86

B. Full Name (Last, First, Middle Initial)
DHL Express Inc.

Mailing Address

1200 S Pine Island Rd

City	State	Zip Code
Plantation	FL	33324

Purpose of Disbursement:
delivery serviceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

68007.59

Date

M	M
0	2

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5625

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.67

21.33

27.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.40

65.46

82.86

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

8595.01

32333.58

40928.59

Form/Schedule: **F3XA**

Transaction ID:

Please note that the Committee is amending all reports from January 1, 2005, to present as a result of a comprehensive and expansive internal audit in which several financial discrepancies and irregularities were discovered. Please note that from January 1, 2005, through mid 2007, the Committee did not correctly report allocable expenses. This issue has been corrected on these amendments and has been reported correctly since its discovery in 2007. This issue is related to ADR 342.
